

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/009945
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
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TOTAL IND.	6	1				
TOTAL DEP.	4	1				
TOTAL CLAIMS	10	2				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		1		1		1
TOTAL DEP.						
TOTAL CLAIMS		1		1		1

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS